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ABSTRACT

Educators concerned with the preparation of adults are aware that students engage in lengthy discussions with their peers. Increasingly, this is encouraged in educational settings through formal pedagogy. However, little is known about its value to adult cognition. In a phenomenological study investigating the professional development of degree course nursing students in the United Kingdom, the importance of informal peer narratives of experience was noted. This paper explores the findings related to that aspect of the longitudinal study using theoretical frameworks borrowed from sociocultural writers concerned primarily with children's cognition. The data indicate that storied experience was a significant factor in promoting professional development. This exemplifies Habermas's theories of practical interest. Three categories of narrated experience were identified. This paper presents the three categories for discussion along with relevant theoretical material. It concludes that informal peer-group activities should be fostered to promote professional development and that further research into this phenomenon is necessary to gain a better understanding of its nature. (Contains 43 references.) (Author/SM)

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The Open University
School of HEALTH & SOCIAL WELFARE

PEER NARRATIVES OF EXPERIENCE: THEIR INFLUENCE ON KNOWLEDGE ACQUISITION IN PROFESSIONAL EDUCATION

Paper submitted for the American Educational Association 1999 Annual Meeting Montreal

by

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Abstract

Educators concerned with the preparation of adults are aware that students engage in lengthy discussions with their peer. Increasingly this is encouraged in educational settings through formal pedagogy. Little is known about its value to adult cognition. In a phenomenological study investigating the professional development of degree course, nursing students in the United Kingdom the importance of informal peer narratives of experiences was noted. This paper will explore the findings relating to this aspect of the longitudinal study using theoretical frameworks borrowed from socio-cultural writers concerned primarily with children's cognition. The data indicates that storied experience was a significant factor in promoting professional development and this exemplifies Habermas' theories of practical interest. Three categories of narrated experience were identified and these will be presented for discussion along with relevant theoretical material. It is concluded that informal peer group activities should be fostered to promote professional development and that further research into this phenomenon is necessary to gain a better understanding of its nature.

Peer Narratives Of Experience: Their Influence On Knowledge Acquisition In Professional Education

Introduction

If many of us reflect back on significant events in our lives, the birth of a child, the decision to leave a job, it is likely that they were accompanied by much discussion and evaluation with colleagues and friends. Many less significant events such as a row with a colleague or the amusement or thrill of encountering a novel experience often stimulate similar levels of discussion and thought. Talking about exciting or challenging issues is a frequent and often reassuring activity that bonds us to our community and re-affirms our place within it. Narratives of experience are important media for expressing our humanity and for learning from life. They permit reflection on incidents that have a critical importance to our understanding and enrich our thinking often by providing reassurance, insights and realisations that may otherwise have been difficult to achieve. This approach to conceptualising learning leads us to recognise that it can be enjoyable, stimulating and effective particularly when we are engaged in resolving issues to which we are committed and when it is social in nature. As educators, our focus must be to increase students' understanding of their own effective approaches to learning and to enhance strategies that we know facilitate this. Throughout the four-year study investigating the lived experiences of a small group of pre-registration nursing students, I was struck by the excitement they consistently expressed about their informal experiences of learning. It became evident that students were using their peers for important learning opportunities. Perhaps students taking professional courses are different from those studying pure subjects such as history or science. It may be that encounters with people and with situations that are beyond their current life-style are so unfamiliar and even perhaps so unpalatable as to cause them to seek personal reassurance, clarification and explanation. From the data it became clear that students were using these peer group encounters to reflect critically on their experiences, to integrate formalised material and to learn how they could apply it to their informal everyday settings and experiences in practice. These narratives appeared to take a variety of critical forms that reflected stages in students' professional development as well as providing a forum for further growth. As in many peer support environments a number of conditions needed to exist to foster these exchanges. Students' narratives differed depending upon whether they were with fellow nursing students, other professional colleagues or with students from different subject disciplines.
This paper explores peer narratives of experience as storied encounters with the unfamiliar world of their profession as used by students to assess their own progress and to further their understanding of practice.

Background

> *It's helpful in a different way because I might talk to my mentor and my mentor actually gives me facts and information that are useful for my skill, writing it down in theory. Whereas when I'm talking to friends, some of the discussions we've had I suppose I could write down as objectives, but it's not actually written down. I might remember it more easily because it was an interesting talk (Helen 1: term 1 year 2)*

Helen's discrimination between discussions with her mentor (a qualified nurse) and her peers provides an example of the substance to be discussed in this paper. Somehow narrative exchanges with peers are more memorable and seen to be more vital. In exploring these students' narratives I have leaned upon work of theorists such as Vygotsky (1978) and Piaget (1972) and followers concerned with the influence of social interaction on cognitive development. Whilst their work has been particularly concerned with childrens' growth, it is suggested here that there are many similarities between novice humans and novice professionals.

Group work in learning

Educators concerned with teaching adults are aware that students engage in lengthy discussions with their peers and increasingly it is formally encouraged in many educational settings through pedagogical approaches such as discussion and debate (Abercrombie 1960; Dillon 1994; Anderson 1997). These and recent papers advocating use of problem based learning (PBL) as a pedagogical approach for a range of educational subjects, are intent upon fostering critical discussion and encouraging students' to engage in subjects that they find particularly interesting. The intention is to promote a deep approach to their learning (Marton and Saljo 1976). Dahlgren and her colleagues argue that the benefits of PBL are associated with students' becoming more engaged in real life events leading them to become self directed and involved group work (Dahlgren et al 1998). These sessions tend to be conducted using a predefined curriculum and in the presence of a teacher. Anderson's study indicates that if the tutor's approach is informal, authentic and empathetic, students are more likely to participate effectively (Anderson 1997: 187-191). In such settings he found that students are more able to take a deep approach to their learning. The teacher's willingness to engage in intersubjectivity with the student group members leads to explanations that support students in gaining further insights and understanding. This scaffolding effect helps students to move to a higher level of understanding thus extending their zone of proximal development (Vygotsky 1979). The conditions under which students appear to be making such changes in their knowledge base are influenced by the symmetrical nature of the power relationship between teacher and student. Piaget maintained that there is a qualitatively different activity between learner and teacher than between learners working together. Children are more likely to internalise new material and to adjust their conceptual frameworks when interacting in symmetrical power relationships (Piaget 1972). In many situations this contrasts with characteristic teaching relationships where there is a differential power gradient between teacher and student. More often this results in students accepting their teacher's words uncritically resulting in assimilation of material without any significant change in their schema. By contrast this suggests that students are more likely to take a deep approach to problem solving and schema development when working collaboratively with peers. This has been supported by results from a number of studies on children's cognitive development (Damon 1984; 1987;Forman 1987;Light and Glachan 1985;Rogoff 1990;Tudge and Rogoff 1989).

Socially mediated cognition

Social interaction is explained by Piaget as complementary or secondary to children's learning process unlike Vygotsky who argues that higher mental functions of cognition can only take place through social interaction (Tudge and Rogoff 1989). By using tools such as verbal and non-verbal cues to indicate learning need, children are able to engage in socially mediated

interactions and thus cultural knowledge can be transmitted and learned (Vygotsky 1979). Habermas supports this approach in his assertion that learning arises from problematising actions or experiences (Habermas 1984). He argues that humans bring to their experiences pre-conditioned cultural understandings that have been acquired over their lifetime. When engaged in unfamiliar activities that challenge these understandings, new interpretations of events need to be formulated. These can become integrated within existing belief systems leading to accommodation and formulation of new approaches and understandings (schema). Engagement in unfamiliar life worlds such as nursing or teaching leads to encounters with new conceptions of normal behaviour, values and actions that raise challenges to neophytes' existing conceptual frameworks. Through peer interactions and the sharing of narratives of experiences unfamiliar propositional and experiential knowledge may be accommodated in a manner that is unlikely in formal teacher-student relationships such as those that take place in classroom or mentor settings. Perhaps the most significant aspect of peer exchanges of narratives is their origin. Students have complete ownership of their topic matter and thus its value to personal interest and development would be in a range of academic, personal and normative levels.

So what are narrative exchanges?

With increasing recognition of the value of reflective practice to promote meta-cognition and exploration of experiential learning, journal keeping has become an important strategy in higher education to foster students' cognitive development. Students are encouraged to engage in a personal discourse with their experiences through writing. Evidence is accumulating to demonstrate that such strategies aid the integration of subject matter and that students become more able to recognise and to reflect upon significant experiences (Crème 1999, Davis 1999). Through these activities students are encouraged to take an objective stance towards their learning encounters, to problematise them and to find solutions. In essence to write narrative accounts of their learning. By encouraging teachers to write their own stories of experience in professional courses, Connolly and Clandinin are encouraging them to undertake a specific engagement with their practice to develop insight and understanding of their actions and as a result further their professional and personal development (Connolly and Clandinin 1990). Narrative thereby offers a form of knowledge that can be appreciated by readers in an immediate and personal manner that both reflects and challenges their world-view. Unlike the language of natural science it speaks to both the heart and to the mind and this is the power of literature and poetry (Polkinghorne 1988). Through narrative accounts humans are able to envisage themselves in situations beyond their practical experience and to learn from them. Exchanges of narrative or folk-stories of practice carry many similarities to narrative forms of knowing identified by Bruner and communicate the nuances of every-day life that are part of our genetic make-up (Bruner 1986). By employing constructivist arguments that narrative embodies the meaning making that enables humans to live their lives, he provides an alternative perspective on cognitive development that we recognise and value in our every-day lives (Bruner 1987). The so-called talking therapies, and organisations that support members to learn and to rehearse their storied lives towards a more satisfying or healthy life style, provide humans with opportunities to learn how to make sense of their experiences. They encourage participants to find new ways of acting that are congruent with their espoused beliefs (McAdams 1993; Cain 1991). Learning through narrative can be educational as well as therapeutic as these authors have identified. Traditionally such story telling has been used in settings that are structured by senior members of the culture, parents, older peers, educators

etc. Our own human experiences of life can speak to us of the times when we have shared stories of experiences with friends and found new understandings to inform future action or thinking. These are the same types of narrative that are being incorporated into educational programmes and which nursing students share as a central part of their professional development.

The research

The study was designed to explore the professional development of pre-registration nursing students attending a degree programme in the United Kingdom. There were four main sub-questions:

- What conceptions do students hold on entry to nursing and how do they influence their development?
- What kinds of knowledge and understanding of students acquire whilst learning to nurse and how do they believe they learn to become nurses? How is their practice influenced?
- What are the major factors that facilitate their learning to nurse and what is the extent of peer, personal and activity factors?
- How can the professional development of nurses be better understood and what are the implications for design, organisation and funding of nurse education?

The study used a naturalistic phenomenological approach and was conducted throughout the four years of the students' course. Six first year students volunteered from a purposive sample of 10 and two other students also joined the study at a later stage. However only five completed their course and were followed through. Data was collected using a multi-method approach. Four modes of data collection were used: interviews were conducted at the beginning and end of each ten week clinical placement and a total of 99 individual interviews and 6 focus group interviews took place. These were complemented by documentary evidence supplied by participants as part of their degree programme. These documents were required to contain critical and reflective accounts of incidents that they had encountered in their clinical placements. This perhaps encouraged students to develop skills of reflexivity that contributed to their narratives. Two other methods of data collection were observational visits to students' clinical placements and illuminative artwork, both of which were followed up by interviews. All the interviews were tape recorded and transcribed verbatim. Using Miles and Huberman's approach to data analysis (Miles and Huberman 1984), two particular approaches were also employed at different stages in the research. Initially a constant comparative method (Glaser and Strauss (1965) and later a content analysis was undertaken after the key themes emerging from the data had been identified. Case studies of each of the five students who completed their programme were constructed. Participants were asked to verify transcripts and interpretations of the collated data as well as the case studies that were subsequently developed to describe their experiences. From these case studies and the data pertaining to the other three students, each of the research sub-questions was addressed separately in the overall study. The topic of this paper addresses one aspect of the findings arising from the sub-question: *What are the major factors that facilitate students' learning to become nurses? What is the nature and extent of supervisory, peer, personal and activity factors?*

Peer narratives of experience

From the findings of the study it became evident that peer interactions and in particular the exchange of narratives of experience were a significant factor in promoting professional development. It appeared that such narratives provided opportunities for students to accommodate their understanding of professional practice, as well as to assimilate new information into existing schema of practice and understanding that may have been initiated by exposure to propositional knowledge, or from their experiences in clinical placements. Additionally, participants in such narrative exchanges were exposed vicariously to the experiences of their peers that provided opportunities for them to acquire new forms of propositional knowledge. Such engagement in the exchange of narratives of practice exemplifies Habermas' theory of practical interest where newcomers or learners attempt to make sense of their experiences through social discourse (Habermas 1984).

Operational definition of narratives of experience

The social conditions of the exchange of narratives

Narratives seemed to take place incidentally, rather than on planned occasions and were often triggered by specific incidents. Almost entirely they took place in informal social settings away from the academic environment such as in a pub or in students' rented flats or homes where they lodged over a term. The exception is in the students' third year when once a week they were encouraged to bring issues from their practice for presentation and discussion in small group activities facilitated by a tutor. By this time students had been conducting such activities outside the curriculum for two years but without the support of a teacher.

Narrative exchanges took place predominantly with a group of trusted peers who were undergoing the same sort of experiences and who were at the same stage of their programme. When narratives were exchanged with non-nursing peers it often provoked a sense of dissonance but could also provide useful perspectives that enlarged students' understanding of phenomena. Some of these findings resonate with

a study of American student nurses trained in the 1960's by Davis. He found that pre-registration general nursing students initially found support from those nearest in the hierarchy, their peers (Davis 1975). In this 1990's study, the modular curriculum design of this programme provided extremely limited opportunities for students to form a peer group or to meet on a regular basis. At the beginning of their programme the younger students developed supportive peer networks, often generated from chance contacts with neighbours in university residential accommodation who were also nurses. The two mature students lived in rented accommodation from the start of their programme and developed different support networks that were predominantly non-nursing peers. Students seemed to engage in these activities under conditions that are similar to good teaching encounters viz.: absence of censure, informal atmosphere; the relevance and nature of the subject matter to their clinical experiences; the degree of personal investment involved. Reports of narrative exchange were highest in the first three years of their four-year programme. This may be explained as being related to their encounters with unfamiliar and perhaps even shocking experiences that challenged their pre-conceptions and beliefs as suggested by Habermas (1984). The social bonding that they developed with each other over their programme probably encouraged greater openness in their discussions and thus afforded both cognitive and social benefits.

Semantic content of the narratives

The data is from students' own accounts of what took place and it should be acknowledged that this could be interpreted as a weakness. The serendipitous nature of the events and their informality made it impossible within the boundaries of the overall study, to obtain first hand specific detailed examples of such exchanges. During their interviews students found it difficult to articulate any specific detail of their content but were enthusiastic in reporting the processes and their general purpose as the examples will demonstrate. This is not unusual when much of the learning was pre-conscious and is a common occurrence in other conversational activities that explore deep personalised issues such as in psychotherapy or counselling relationships (Howe 1993). The narratives were not therapeutic in the conventional sense but they provided opportunities for reflection and reassurance in the same manner that all supportive relationships. It may be that content is difficult to talk to about when such knowledge has not yet been appropriated and is being integrated to higher levels of mental functioning. Many women have difficulty talking about on-going learning (Belenky et al 1986). Never the less it seems that these students were working towards constructing their knowledge of what it was to be a nurse and how to become one.
From the data it seemed that students' narratives had qualitatively different purposes that were influenced by factors such as the students' stage in their programme and the experience of their listeners. Experience here is defined as practical experience as opposed to lay experiences of nursing. The categories of events were those that they considered problematic and which:

- Questioned their identity
- Provoked strong emotions such as distress, enjoyment, guilt or failure
- Seemed confusing or inexplicable
- Could be used strategically for their assignments or for other forms of learning
- Marked their professional development and achievement.

These can be reduced further to narratives used as:

1. ventilation and support seeking;
2. narratives of interpretation and explanation;
3. narratives for exchange of knowledge;

Each of these categories will now be explored using examples from the data.

1 Narratives as ventilation and a means for support

> *I found it really good and therapeutic, to go out with them (other nursing students) to sit around being nurses and discuss everything. You could sit there and slag the course off completely or say 'Yes that's really good' because you realised you were not the only one that way and it was really good for you. I didn't live with nurses and I'd go home and not talk about it basically. You could tell they didn't understand they were just being polite; so I never talked about it. To me it was just to realise that everyone felt the same way. You'd think about what they'd all said and it was good, also if everyone was finding it hard you could pull everyone together. (Rebecca 2: term 2 year 2)*

Here Rebecca appears to be relishing the opportunities to share the pains and triumphs of her early days of nursing and to get a perspective of how her feelings related to those of her peers. By not living with other nurses she feels a need to find access to her nursing peers to tap into their experiences for comparison. Part of her concern is to understand the course. This includes not only the theoretical material but also her planned visits to patients with her

mentor, a qualified health professional. Her process of adjustment included reassurance that peers also shared her experiences.

> *I suppose if I had a bad day or had a bad experience, then I would have gone to see someone else. There were plenty of other people to talk things over with, especially the lecturer practitioner and other friends, so it was OK. There were other nursing students who weren't on the ward but were friends. I think everyone feels the same way. It doesn't have to be serious chats, but just going down to the pub and talking things tend to come out. I think it just makes you feel more that you're not going through all this alone. We're all going to have ups and downs on the ward and it's quite nice that everyone is doing the same module, so there's the opportunity to say 'Yes, that's what happened to me'. You could discuss how it was or whether it was amusing or if you felt scared. The girl I live with is a nursing student and she actually had someone die when she was there and that had quite an impact on her because it's something that had never happened to her. It's a really big experience and she felt she could talk about it, which is nice because I know that I can do the same with her. It helps your friendship as well that you can share such personal experiences. I think it's easier with other nursing students than to talk with other friends, because they've been through it themselves or have had similar experiences or worries. It's quite good really. I think it reassures you and if I've been thinking about something perhaps from just one angle and you get wound up about it then other people help by shedding a new light on it. You can think about what they say and it might change the way you feel. (Nicola 3: term 2 year 2)*

Nicola identifies the importance of having good peer support from other nurses to relieve her sense of isolation and to provide a sense of community. As with many of the other examples, these were usually colleagues at the same stage in her programme and thus likely to be encountering similar challenges to their thoughts, feelings and perceptions of what constituted good practice. They could share experiences and learn ways of coping from each other. In addition they were unlikely to misinterpret the student's response in the way that the following narrative indicates.

> *Because some people don't particularly want me to go into details about it. You can talk to other nurses about deeper things. A lot of nursing is fairly squeamish for some people and they just see it as you trying to shock them, when you're not in fact. When you do talk to outsiders, friends who aren't nurses, they might get a strange perspective of you because you sound hard - you've just seen a cardiac arrest and you're still smiling sort of thing. It's odd. .. So it's hard for them to understand. .... And a house mate that I don't know that well said 'God, how can you come home and say that and be so blasé?' And it really made me feel awful. I was really upset at the time but couldn't be bothered to explain it. ....*
> *I've known friends for three years, but the ones who aren't nurses I don't know what their perspective is, but I know it's not quite right. I can't remember what the last comment was from my friend. Basically something like 'I wouldn't want to be on a ward with Helen. She makes all these mistakes' because if I make a mistake I'd tell them, but that doesn't really put me in a good light. It doesn't bother me though. I think talking this term to other nurses, even if we haven't worked with each other, we've noticed that we've grown up a bit and our knowledge is a lot better. (Helen 9: term 1 year 4)*

As with the other students, having an opportunity to express feelings and worries in the safety of a non-censorial peer group was important. Nursing presents students with a wide variety of dilemmas that have to be resolved. Many of them fear becoming hard or indifferent to human suffering as a means of escaping from its reality. Certainly over their course they developed strategies of coping that as Helen identifies her flat-mates found unnatural. But without someone to talk it would be difficult to learn to cope effectively with such dilemmas. Helen's main concern was precisely not to become indifferent to human suffering and yet when she needed to explain a patient's problem she was received with little sympathy. Another form of vulnerability was the fear of censure even from professional colleagues.

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Ventilation of feelings had several purposes: to debrief from experiences that were upsetting and to receive reassurance; to gain further insights and to find a different way of coping, or to make sense of their experiences. In many of the examples, students were discussing their responses to life threatening or fatal incidents. They needed to find ways of responding that were socially acceptable within their new environment. Frequently students' responses to patients' traumas were perceived to be unacceptable in their pre-nursing or lay frame of understanding but were acceptable within their new environment. Examples of such behaviour are suppression of distress or grief at the death of a patient, or suppression of feelings of revulsion when confronted by unsavoury or unsightly wounds. In everyday culture these experiences would be expected to cause (women particularly) to respond with some emotional outpouring. Inevitably their non-nursing peers were unable to support or to understand this newly learned behaviour and it would be alien to them. Stearns suggests that normative expressions of feeling are culturally situated and that cultural migrants often need to make adjustments from previous learning (Stearns 1995). Non-nursing peers would be unhelpful in such contexts and could undermine nursing students' self-confidence and even their career decision.

These accounts indicate the importance of having opportunities to debrief their experiences in a supportive and understanding climate and to engage in story telling, exchanging experiences and ideas in a private, safe and entertaining manner. As a result students were able to receive reassurance of their personal intrinsic normality. They could also question what was taking place in their clinical settings and through the group interactions find ways of explaining and justifying what they experienced which related to their personal values. In the process they could also rehearse their use and understanding of unfamiliar terminology and concepts.

2 *Narratives for exchange of knowledge*

Often students were exposed vicariously to unfamiliar concepts; vocabulary and situations as experienced and narrated by other members of their group. This helped them to increase their repertoire of information and also their professional vocabulary so that they could become less distinguishable from their more senior nursing colleagues.

> *(When I first went there) I thought 'My god!' and when we were in the pub the general nurses were talking about tumours but using really long words and insulin dependent, diabetes type one and two and I wondered what the hell they were going on about. I was generally interested to know what those words mean and in our interpersonal skills group (a curriculum process) if someone says something you don't understand you have to ask what it means. I'm the only mental health nurse in that group and everyone else is general or paediatric. I find it works quite well. (Nicola 11: term 3 year 3)*

Several of the students used their peers in different ways, for example Marie a children's nursing student, had a special confidant who was taking an adult nursing course and so could understand her friend's experiences. Marie and her friend Penny used to share experiences and they learned to frame them so that they could develop new perspectives. This was particularly true when Marie was wrestling with the personal and ethical dilemmas that she encountered.

> *[I talk to Penny all the time since] my first year. We support each other through our course. I think you need that sort of support from someone and we talk to each other about patients we've looked after. We listen to each other and say we can't remember how to say things and it's really nice. I get to learn about things I wouldn't otherwise learn about and so does she. It's nice to have the difference. It was nice to have someone who understood. None of the rest of my flat is doing nursing, but I wouldn't be able to talk to*

them the way I talk to Penny, probably because I've known her for so long and we know how we tick. (Marie 12: term 1 year 4)

Marie identifies two factors necessary in her confidant: confidence that her expressions of ignorance are not going to be criticised and knowledge of the nursing scene. As a result she was able to pick up information that Penny had acquired from her own practical and academic experiences as well as to share her own. In the process she was more able to appropriate the knowledge and to assimilate it into new schemata for action. On other occasions students were able to use a more experienced peer to give information that informed their understanding:

When he came in he'd been sick down his front, didn't have an airway in, he had a tube in and he looked like a dead body almost. You didn't want to criticise the ambulance crew and say 'Why haven't you put this in? Why haven't you done that?' I was talking to a friend afterwards who'd been an ambulance crew and he was saying 'You just can't put an airway in. It's quite difficult to do that' and so it was a case of not being able to criticise them. The paramedic there was very good. He wouldn't have forgotten anything. He would have tried and failed, so you can't say 'Why did you fail?' (Gilles 11: week 12 term 3 year 3)

Sharing professional knowledge through their storied experiences, students were able to compensate for aspects of their experience that could be lacking when compared to those of their peers. In Bourdieu's terms they could become characterised as insiders by developing skill in their language use and thus develop greater understanding of when to use particular jargon or argot (Bourdieu 1991). This development then supported further learning of unfamiliar concepts and to relate them to clinical experiences. In the same manner they could make links between practice experiences with theoretical material. By explaining the complexity of the clinical situation that Gilles believed was straightforward Gilles' paramedic friend scaffolded his learning and helped him to understand its pathology.

3 *Narratives of interpretation and explanation*

Another benefit of using peer support was to challenge existing practices and to find a satisfactory means of coming to terms with what was happening.

I was talking to someone a little while ago, and she's nursing the little babies in the incubators. And it really made me think, "What is the point?" Seriously, I feel saying that in front of these ladies here (other research participants). They must say don't let this lady go into it, she must be as hard as nails. But I mean what is the point in keeping a 2lb baby alive? On an incubator, that costs a hell of a lot of money; but she was saying that a lot of them do die, unfortunately. They just don't pull through. And you just think, 'what's the point of going through all that anguish.' Again at the weekend, one of the ladies, I had, they were saying, that in years gone by, at the turn of the century, most women had a baby that died. Or a lot of women did, that was a part of life. You accepted it. And it just makes me wonder what sort of stage have we got to, that we pull life through. I could, thinking further ahead. You can almost think like that in 20, 50 years time they'll have developed a thing that if the women can't take it right through to the full term, they'll be able to take it out, at 2 months and to grow for the rest of it to full term in a bottle. And then produce it from a bottle. Now I mean, what sort of state have we got to then? (Ruth 1: term 2 year 1)

Having opportunities to listen to the accounts of their peers and to share their experiences, if only vicariously gave them further perspectives on what they were getting involved with. As Ruth's narrative indicates these perspectives were not always palatable and created dissonance that needed to be resolved. In the process students had to evaluate their own beliefs and find

some suitable solution that either helped them to resolve their conscience or to find ways of coming to terms with it.
Another benefit from being exposed to alternative perspectives was those of peers who were not acquainted with the setting or the actors. In some situations non-nursing colleagues could provide this better:

> *One of the lads in the house is quite interested in nursing. It's people on the course as well. It's nice to go away and talk to someone who has nothing to do with it. They may ask really obvious questions that you haven't thought of like 'Why are you doing it then?' (Gilles 3: term 1 year 2)*

In this extract, Gilles is talking about perspectives offered by a non-nursing friend who incidentally raised questions that led Gilles towards formulating a new perspective. Other students also deliberately used their non-nursing peers for information:

> *One of them [housemates] turned round and said they might as well be doing a nursing degree. So it's different (from talking with other nursing students). They can't say 'I've had a patient who's had this'; but they can turn round and say 'How do you think the family felt when their father died?' or whatever, and you could think about it more. Knowing how the family or patient might feel if they've been a patient. You just think about them and if what they've said will help you in your work or you find out about what they've said, then all well and good (Marie 4: term 3 year 2)*

These intentions are different from those described earlier by Helen or Marie when they were seeking reassurance and trying to come to terms with unpalatable experiences. In these examples Marie and Gilles are actively seeking different frameworks for understanding situations so that they can tailor their approaches to patients.
The seemingly innocuous question of Gilles' friend helped him to progress his knowledge further in a manner that Wood and his colleagues called scaffolding (Wood et al. 1976). They described scaffolding as an activity conducted by more knowledgeable peers in diagnosing knowledge state and guiding peer learning to a more sophisticated level on the basis of the tasks provided by their teachers. Palinscar describes how questions can scaffold children forward through their zone of proximal development (Palincsar 1986). She suggests that the nature and process of asking questions stimulate cognitive growth. In the same manner reflection and utilisation of knowledge-in-waiting can be reformulated and come into use. As a result students were able to make connections between formal or academic material and informal or experiential knowledge and to see its relevance to their practice or the relevance of their practice to their academic work (Spouse 1998).

> *Mostly ethical points or dilemmas that we'd come across in our work and things that had upset us, or whatever. It was quite personal stuff in the Interpersonal skills group. ... Sometimes we carry on with the Interpersonal skills down at the pub afterwards. [The value of it is] you just see how everyone else is getting on and see how they're coping in different fields. You can discuss the funny and sad points. Most of the time it's quite useful to get different viewpoints on things and see how everyone else is tackling it (Nicola 9: term 1 year 3).*

Nicola's experience of her peer group illustrates its value in a variety of sense-making activities. The need to share experiences that were uncomfortable or incomprehensible promoted different responses from their peers. Through narratives, their construction and rehearsal, students had an opportunity to disengage or stand aside so that they could take a more objective view of their experiences. By sharing narratives of experience students were able to recognise their own development and to support each other. In many ways there is a sense of

their feeling under siege and needing the emotional and intellectual support that only their peer group could provide.

Summary and discussion

These three forms of narrative exchanges: ventilation of feelings and support seeking; of interpretation and explanation; for exchange of knowledge can be associated with three aspects of the reflective cycle, the affective, the concrete and the interpretative. At each aspect students were engaged in learning something new about themselves, about their engagement with their profession, and in developing their propositional and professional craft knowledge. The affective aspect of their learning provided a gateway to adjusting to the societal norms of their new profession and to learning new interpretative frameworks that could carry them over unhappy encounters with traumatic and distressing experiences. Having an integrated self-image seemed an important aspect of the transition to becoming nurses when students were confronted by their inability to function as they saw others. This may explain students' concern to monitor their progress and their anxieties against those of other nursing peers such as when Rebecca or Nicola needed to assess their feelings or when Helen found it too difficult because of her distress to address any misconceptions held by her non-nursing friends. All these appeared to be symptoms of needing re-assurance that they were operating at an acceptable level and this could principally be provided by their peers. In a sense, their new social status as students caused them to re-align their self-concept according to unfamiliar models and it was not until they developed sufficient confidence in their ability that they could relax their vigilance (Leahy 1985: 55). This view seems to be confirmed by a literature review of the nature of peer support groups amongst teacher preparation students by Hawkey. She came to the conclusion that peer support increased self-confidence and analytical skills as well as encouraged greater risk taking (Hawkey 1995). Certainly such findings are supported by this study. Another study by a group of Canadian ethnographers investigating undergraduate nursing students noticed the importance attached by students to peer interactions as a strategy for validating their own understanding and enhancing that of their peers who had not encountered particular case experiences (Campbell et. al. 1994).

Using narratives for exchanging knowledge, students could test out their sense of progress by exchanging insights, knowledge and experiences at a metaphorical tennis match of competence. Missing out on a lob of experience or a backhand slice of knowledge implied a deficiency that needed to be rectified if they were not to fall too far behind. Such hallmarks of competence influenced perspectives of self within the community and perhaps influenced their decision whether to continue with the course.

Throughout the study it was evident that students appeared to be rehearsing their experiences and finding new ways of interpreting them through their narratives. Story telling or sharing experiences (critical incidents), seemed to be important to learning because they carried a reality which was heated by their immediacy and engaging qualities. Their power seemed to lie in a strength that was more influential and touching than a good piece of fiction or drama. Students could actively engage in narration at any point of their course and at any point in the story. By clarifying and enlarging aspects of interest or rehearsing parts that were particularly pertinent they were able to take away fresh ideas about their practice and to recognise their own development. For the narrator these stories offered opportunities to review their role and define new ways of being, much as in the psychotherapeutic relationship.

Bruner takes up propositions by Wundt and Dilthey that human activity can best be understood through a separate science or Volkpsychology and through discourse, personal understanding can be achieved in retrospect (Wundt 1916; Dilthey 1923). Thus narrative constitutes a second form of knowledge distinctly different from paradigmatic or logico-scientific knowledge and provides a means by which humans can construct and impute meaning on events and experiences that may seem mysterious (Bruner 1984; Bruner 1990). Narratives of heroism, failure and morality constitute an important medium for transmission of cultural and religious values reaching back through time, as evidenced by aboriginal stories, Greek myths, the Hindu Ramayana and the parables of Christianity. By constructing humans as primarily intent on making sense of the unfamiliar with which they are engaged, narrative becomes an important tool for resolving dissonance and creating congruent modes of perceiving their environment (Butterworth 1992; Polkinghorne 1988). This phenomenological view of language use in meaning-making relates to Merleau-Ponty's argument that until translated into symbols (language) pre-conscious experience cannot be acknowledged or understood (Merleau-Ponty 1952 in Polkinghorne 1988). From this discussion it becomes more apparent that it is through personal narratives of experience that context and meaning are given to individual existence and thus identity within society is constructed (Barthes 1966). By exploring their experiences through exchanging narratives of experience, with their peers, students could develop concepts of themselves in different roles according to with whom they were in discourse. By conceptualising context as multi-dimensional (clinical placement, patient interaction, university, home etc.) it becomes possible to consider each aspect of individual student's experiences as fractional of a much larger context of nursing or learning to nurse. With a range of perspectives offered through individual narratives in group discourse, students avail themselves to a broader arena of experience of nursing and thus can develop more comprehensive models of practice.

Using narratives as a means for interpretation and explanation helped students to resolve feelings of dissonance created by their clinical experiences. These experiences provoked a need to resolve the disequilibrium through comment and exploration or sense making as characterised by the examples above. In some respects students seemed to be framing and reframing their experiences until a suitable alternative could be found. The dialectic of social interaction and sense making enabled them to explore seeming contradictions in their experiences and formulate explanations that made sense to their own situation (Bidell 1983). Riegal argues that dialectic associated with this type of narrative enables humans to cope with dissonance by provoking intra-psychic processes and returning to a mental state of equilibrium (Riegal 1973). Narration provides energy to change (Howe 1993).

The memorable nature of peer narratives enables participants to adopt parables for their personal practice when a necessity arises. Story telling provides scripts and schemata for their practice and as such they gain a rich text of practical knowledge. Where relationships were of an equal power distribution, peer interactions, enabled perspectives to be debated and defended thus promoting assimilation of new perspectives and schema. By resolving feelings of dissonance, students could re-frame their self-image and their experiences into more acceptable constructs and thus further develop their professional understanding.
As mentioned earlier, students could only say how valuable their sessions were and how much they gained from them. Perhaps this can be explained by the immediacy and spontaneity of the sessions which were so engrossing and also so matter-of-fact that their significance could only be generalised. Clearly a more rigorous investigation of their content and nature would be

valuable. Meanwhile it is clear that students need opportunities to develop peer group relationships and time to interact in these informal activities. Peer support seems to be an essential component of professional learning, not only for the opportunity to share and develop learning and understanding but also to ease the process of socialisation.

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